



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To:
P.O. Box 4944
Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit:

2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD):

3. Owner's Business Name (only If different from Business Name of Operator):

Section B: Equipment Location

4. Equipment Location Address:

For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

Street Address

City CA, State Zip Code -

County: Los Angeles Orange San Bernardino Riverside

Contact Name:

Contact Title: Phone:

Fax: E-Mail:

Section C: Permit Mailing Address

5. Permit and Correspondence Information:

Check here if same as equipment location address

Street Address

City State Zip Code -

County: Los Angeles Orange San Bernardino Riverside

Contact Name:

Contact Title: Phone:

Fax: E-Mail:

Section D: Application Type

The facility is in RECLAIM Title V

RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE):

New Construction (Permit to Construct)

Equipment Operating Without A Permit or Expired Permit*

Administrative Change

Equipment On-Site But Not Constructed or Operational

Title V Application (Initial, Revisions, etc.) (Also complete Form 500-TV)

Compliance Plan

Facility Permit Amendment

Registration/Certification

Streamlined Standard Permit

Permitted Equipment Altered/ Modified Without Permit Approval*

Proposed Alteration/Modification to Permitted Equipment

Change of Condition For Permit To Operate

Change of Condition For Permit To Construct

Change of Location—Moving to New Site

Existing Or Previous Permit/Application Number:
(If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY):

8. Description of Equipment:

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each)

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) No Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?

No Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location?

14. What is your businesses primary NAICS Code (North American Industrial Classification System)?

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Yes

Section F: Authorization/Signature

17. Signature of Responsible Official:

18. Title:

19. Print Name:

20. Date:

Check List

- ☐ Form(s) signed and dated by authorized official
- ☐ Supplemental Equipment Form (400-E-XX or 400-E-GEN)
- ☐ CEQA Form (400-CEQA) attached
- ☐ Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

AQMD USE ONLY			APPLICATION/TRACKING #		TYPE B C D	EQUIPMENT CATEGORY CODE:		FEE SCHEDULE: \$	VALIDATION	
ENG. DATE	A	R	ENG. DATE	A	R	CLASS I III IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$	Tracking #